										Application or Docket Number					
	PATENT A	6698645.													
			SMAI TYPE		VIIIY	OR	OTHER SMALL E								
TOTAL CLAIMS			58					RA	TE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASI	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			52 minus 20=		• 7-8			XS	9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		. <			X43:			OR	X86=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		- 一			+145=				+290=			
		in column 4 in	ro coler	er voz je celume 2			ــــــــــــــــــــــــــــــــــــــ			OR					
 If the difference in column 1 is less than zero, enter "0" in column 2 									TAL		OR	TOTAL	770		
)^	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL			
۳	20100	(Column 1) CLAIMS	1	HIGH		(COMMIN 3)	1			ADDI-	1		ADDI-		
ΓA	' '	REMAINING AFTER	·	NUM PREVA	BEA DUSLY	PRESENT EXTRA		RATE	TIONAL	AL	RATE	TIONAL			
E		AMENDMENT	·	PAID			1			FEE	l	<u> </u>	FEE		
AMENDMENT	Total	. 58	Minus	- 6	<u> 80</u>	• —		XS	9=	/	OR	X\$18=			
ME	Independent	. 8	Minus	PRE (<u>Z</u>	. —	1	X4	34		OR	X86=	·		
۷	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM	Q_	J	/			1				
			•		•				45= 		OR	+290=			
	1/	_						ADDI	OTAL . FEE		OR	ADDIT. FEE			
12/1/05 (Column 1) (Column 2) (Column 3)															
		CLAIMS REMAINING			IEST IBER	PRESENT	٦٠	Г		ADDI	1		ADDI-		
5		AFTER		PREVI	OUSLY	EXTRA	ı	R/	TE	TIONAL FEE	l	RATE	TIONAL		
AMENDMENT B	Trdal	AMENDMENT	Mirrus	PAID	FOR	. —	1	\	9=	FEE_	OR	X\$18=	100		
E			Minus				1	<u> </u>		 	105				
MA	Independent	NTATION OF M		ENDEN	T CI AIM		-	L X	13=	!	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-1	45=		OR	+290=			
•									OTAL		OR	TOTAL			
		(Column 1)		(Cob)	mn 2)	(Column 3	3			-	-				
AMENDMENT C	`	CLAIMS	1	HIGI	HEST		٦	_		ADDI-	1		ADDI-		
		REMAINING AFTER		PREVI	IBER IOUSLY	PRESENT		RATE	ITE	TIONAL	TIONAL	RATE	TIONAL		
		AMENDMENT	 	PAID	FOR		-	<u> </u>		FEE	┨		FEE		
Q	Total	• .	Minus	- .		=	-	X	9=	<u> </u>	OR	X\$18=	<u> </u>		
AME	Independent	<u> </u>	Minus	***		-	4	X.	13=		OR	X86=			
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1				
+145= OR +290=												 			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN TMIS SPACE is less than 20, enter "20." ADDIT, FEE															
•	lf the "Highest Nu The "Highest Num	imber Previously Panber Previously Pa	aid For" (N TH	IS SPACE	is less tha dent) is the	an 3, enter "3." E highest numl	ber fo				ox in c	olumn 1.			